U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2602	2. Fiscal Year Covered From:			
	<u> </u>	1 / 1 / 2004 Throug	jh: 12 / 31	2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Samuel C D'Ambrosio	Name National Postal Mail Handler Union			
	Labor Organization File Number 000-505			
P.O. Box, Bldg., Room No., if any Room # 500	P.O. 6	Box, Building and Room Number, if a	September 1997	
Street 1101 Connecticut Avenue, NW	Street	1101 Connecticut Avenue	e, NW	
City Washington	City	Washington		angar ng ng ang ang sagain sa
State District of Columbia ZIPCode+4 20036-4304	State	District of Columbia	ZIP Code + 4	20036-4304
East . Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc	ouse or min	forth in the instructions):	of	nterests
Enter appropriate data below if, during the past fiscal year, you or your sp	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to rep	of present.	nterests
East . Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any).	ouse or midusions set	forth in the instructions):	of present.	nterests
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizar 5. Name and address of Employer (including trade name, if any). Name	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to rep	of present.	ntorests
East . Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any).	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to rep	of present.	Interests
East . Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to replace of Interest, Transaction, or Incom	of present.	Tibresis
East .Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to replace of Interest, Transaction, or Incom	of present.	Tibrosis
East . Regional V.P, Nat'l Tra Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bklg., Room No., if any	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to replace of Interest, Transaction, or Incom	of present.	ntorests
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to replace of Interest, Transaction, or Incom	of present.	Tibrosis
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the except as specified in t	ouse or midusions set	forth in the instructions): ncome or other economic benefit is sents or is actively seeking to replace of Interest, Transaction, or Incom	of present.	Tibrosis

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name First Health	9. Business deals with:	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer	
Street 3200 Highland Avenue	C. Chiproyo	
City Downers Grove State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	First Health administers the Union plan.	sponsered health
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		MH 7 11
Street	11.b. Approximate dollar value of such dealing.	App. 2 Billion
City	12.a. Nature of interest held or income received.	motorista advadente utilitate amazarra sustate sessenaria (1971) en 1970 e 1970 e 1970 e 1970 e 1970 e 1970 e
State ZIP Code + 4	Peb. 5-7, 2004, 2 dinner meetings. Estimated amount \$55.00 each.	Amounts unknown.
		PERSONAL PROPERTY AND
	12.b. Amount,	\$55
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	ANTINIA NO PARAMENTANTAN ANTINIA NO PARAMENTANIA NA PARAMENTAN
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
the second secon		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Samuel D'Ambrosio

File Number U-2602

Name of Person Filling SAMUEL C. DA	mbrosid File N	umber U-2602
. Held an interest in or derived income or economic benefit with monetary values and the part of which consists of buying from, selling or leasing to, or other an employer whose employees your labor organization represents or is at 2) any part of which consists of buying from or selling or leasing directly or i ealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	9. Business deals with: A. Labor Organization b. Trust c. Employer	
0. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Frade Name, if any: P.O. Box, Bldg., Room No., if any	First Health administe	rs the Union's health plan.
Street		A
City	11.b. Approximate dollar value of si	VallA91
State ZIP Code + 4	attendance at the comp	l room, meals, and s for spouse and me, while in any's annual partnership known. Estimated amount
	by a terminal consisted the state of the sta	To the William Control of the Contro
	12.b. Amount.	\$750
		s and the second
r from any labor relations consultant to an employer any payment of mon		
r from any labor relations consultant to an employer any payment of mon 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ney or other thing of value.	
r from any labor relations consultant to an employer any payment of mon 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	ney or other thing of value.	
or from any labor relations consultant to an employer any payment of monograms. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name:	ney or other thing of value.	The substitute of the substitu
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of monograms.) 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ney or other thing of value.	
or from any labor relations consultant to an employer any payment of monograms. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ney or other thing of value.	
or from any labor relations consultant to an employer any payment of monograms. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ney or other thing of value.	
or from any labor relations consultant to an employer any payment of monograms. 3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ney or other thing of value.	

Name of Person Filing SAMUEL C. D'An	Grosia File Number U- 2602
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name First Health	6.72
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	States of Control of C
Street 3200 Highland Avenue	c. Employer
City Downers Grove	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	First health administers Union's sponsored health plan.
Trade Name, if any:	
The state of the s	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. App 2 Billion
City	12.a. Nature of interest held or income received.
City State ZIP Code + 4	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00.
 Expression of the control of the contr	March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to
 Expression of the control of the contr	March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to
 Expression of the control of the contr	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.a. Nature of interest held or income received. March 10-13, 2004. Attended 1-2 dinners with spouse. Amount unknown. Estimated total \$50.00 to \$80.00. 12.b. Amount. \$45

Name of Person	Filing SAY	NUEL	6	DY.	tmy	130YC	``

File Number U- 2602—

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pirst Health	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 3200 Highland Avenue	c. Employer	
Chy Downers Grove		
State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name:	First Health administers the union sponsor plan.	red health
Trade Name, if any:		; ; ;
P.O. Box, Bldg., Room No., if any		: : :
Street		:
City		we.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	2 Billio
	12.a. Nature of interest held or income received.	שווסט
	March 18-23, 2004. Attended 2-3 dinners, receptions with buffet dinners. Amounts usestimate total \$75.00 to \$100.00.	
		1 - - - -
		any ang Cit Personal Inggress of the Control of the
	12.b. Amount	\$90

Name of Person Filing	SAMU	=1 ($\nabla \Delta \mathcal{T}$	ML mail
	- HWO	<u> </u>	<u>~~\~~</u>	AND LOCIO

Part B Continuation Page

8. Name and address of Business (including trade name, if	ny). 9. Business deals with:
Name First Health Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street 3200 Highland Avenue	c. Employer
City Downers Grove	
State Illinois ZIP Code + 4 60	515
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	First Health administers the union sponsored health plan.
Trade Name, if any:	A NOTIFIC TO COMPANY CONTRACTOR OF THE CONTRACTO
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. App 2 Bulliou
	12.a. Nature of interest held or income received.
	April 26 & 27, 2004. Attended 2 dinners. Amounts unknown. Estimated total \$50.00 to \$85.00.
	12.b. Amount. \$70

Name	of	Person	Filina
1441110	•	, 0,00.	124

SAMUEL C. DAMBOOD

File Number U-2602

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pirst Health	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 3200 Highland Avenue	c. Employer	
City Downers Grove		
State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	First Health administers the union plan.	sponsored health
Trade Name, if any:		:
P.O. Box, Bklg., Room No., if any		
Street		:
·		: :
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	Appover
	12.a. Nature of interest held or income received.	1.72mm
	April 14-17, 2004. Two dinners, 1 unknown. Estimated total \$130.00.	buffet. Amount
		· ·
		1
	12.b. Amount.	\$50

Name	of Persor	r Filling

SAMUEL C. D'Ambroso

File Number U-2602

Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name Pirst Health Trade Name, if any: P.O. Box, Bkdg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	9. Business deals with: a. Labor Organization b. Trust c. Employer	
The second secon	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	First Health administer the union plan. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. June 21-26, 2004. Self and spouse	APPOVEL APPOVE
	sure of exact number, and entertai unknown. Estimated amount \$450.00	nment. Amounts to \$650.00.

Part & Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name First Health	1,000	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 3200 Highland Avenue	c. Employer	
City Downers Grove		
State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	un distribution designation and the second state of the second sta
Name	First Health administers the union plan.	sponsored health
Trade Name, if any:		#
P.O. Box, Bidg., Room No., if any		<u>:</u>
Street	The Control of the Co	: :
City:	<u> </u>	00.100
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	3 Billion 4
	12.a. Nature of interest held or income received.	
	Dec. 5-11, 2004. Self and spouse, sure of exact number-attended 3 re dinners, entertainment. Amount un total \$575.00	ception buffet
		The section of the se
	12.b. Amount	\$575

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name and address of Business (including trade name, if any). Name First Health Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3200 Highland Avenue City Downers Grove State Illinois ZIP Code + 4 60515	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	First Health administers the union sponsored health plan.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. Hop 2 Billion
	12.a. Nature of interest held or income received.
	Nov. 3, 2004. Dinner self & spouse. Amount unknown. Estimate \$50.00-75.00.
	12.b. Amount \$60

Name	of	Person	Filina
	v		1 1111174

SAMUEL C. D'AMBOSID

File Number U- 2602

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name First Health Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 3200 Highland Avenue	c. Employer	
City Downers Grove State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	First Health administers the union sponsor plan.	red health
Street		:
City	Ann ou	اعد
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	Mion
	12.a. Nature of interest held or income received.	Sollars
	Oct.22, 2004. Dinner self and spouse. As unknown. Estimate \$50.00-75.00.	mount
	12.b. Amount.	\$60

Name of Person Filing	SAMUEL	G.	\mathcal{D}_{i}	Aml	0405	15

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name First Health		
Trade Name, if any:	a. Labor Organization	
* *	b. Trust	
P.O. Box, Bidg., Room No., if any	Source of	
Street 3200 Highland Avenue	c. Employer	
City Downers Grove		
State Illinois ZIP Code + 4 60515		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	First Health administers the union plan.	sponsored health
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		
Street		
City		Loo. alle
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	2 Billion
	12.a. Nature of interest held or income received.	Pollar
	Oct. 6-9,2004. Attended health pl recceptions with buffet dinners, r activities. Amounts unknown. Est	
	A SANTANA	:
		And the left will be the desire of the left of the lef
	12.b. Amount.	\$200

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Pirst Health	a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust
Street 3200 Highland Avenue	c. Employer
City Downers Grove	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	First Health administers the union sponsored health plan.
The second secon	
P.O. Box, Bldg., Room No., if any	
Street:	
City	Aoo.ou
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Aug. 17-30,2004. Self and spouse 2-3 dinners, 5 receptions with buffet dinners. Amount unknown. Estimated \$400.00 to \$525.00.
	12.b. Amount \$475

Name	of P	erson	Filina	

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JAMUEL.	(.	1) ANLL mais
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bredhoff & Kaiser Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 805 Fifteenth Street, NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	General counsel to National Postal Union.	Mail Handlers
P.O. Box, Bidg., Room No., if any	Toward of Administration	
Street		:
City		4
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	13 million
	12.a. Nature of interest held or income received.	4
	July, 2004. Hospitalized. Receiv plant. Amount unknown. Estimate	ed "get well" \$100.00.
		To the state of th
		3
	Transcript Theory	:
	12.b. Amount	\$100

Name of Person Filing

SAMUEL C. D'Ambroso

File Number U- 2602

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bredhoff & Kaiser Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 805 Fifteenth Street, NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	General counsel to National Postal Mail Handl Union.	ers
Trade Name, if any:		:
P.O. Box, Bldg., Room No., if any		:
Street :		:
City:	A00.	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 2 m \mathcal{U}	افس ط
	12.a. Nature of interest held or income received.	
	Sep., 2004. Bereavement floral arrangement f mother-in-law. Amount unknown. Estimate \$80	or .00.
		: : :
		:
		tar de la company de la co
	12.b. Amount.	\$80

Name of Person Filing	AMUEL	<u> </u>	DAMbr	File Number

Part B Continuation Page

8. Name and address of Business (including trade name, if any).		9. Business deals with:	
Name Bredhoff & Kaiser		a. Labor Organization	
Trade Name, if any:		Same in	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 805 Pifteenth Street, NW		c. Employer	
City Washington			
State District of Columbia	ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	
Name		General counsel to National Postal Union.	Mail Handlers
Trade Name, if any:		The first of the state of the s	
P.O. Box, Bidg., Room No., if any		To the design of the second of	: }
Street		***************************************	
City			Aon
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	2 Million +
		12.a. Nature of interest held or income received.	
		Dec. 10, 2004. Self & spouse dinn unknown. Estimate \$100.00.	er. Amount
		12 b Amount	6100